

County: Sheboygan
SHEBOYGAN SENIOR COMMUNITY INC
930 N 6TH ST

Facility ID: 8150

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SHEBOYGAN 53081 Phone:(920) 458-2137
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 84
Total Licensed Bed Capacity (12/31/04): 84
Number of Residents on 12/31/04: 83

Ownership: Nonprofit Church
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 82

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		47.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.2	More Than 4 Years		26.5
Day Services	No	Mental Illness (Org./Psy)	54.2	65 - 74	4.8			-----
Respite Care	No	Mental Illness (Other)	6.0	75 - 84	19.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.2		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	8.4	65 & Over	98.8	-----		
Transportation	No	Cerebrovascular	14.5		-----	RNs		15.9
Referral Service	Yes	Diabetes	6.0	Gender	%	LPNs		4.5
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	8.4	Male	10.8	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	89.2			39.5
Provide Day Programming for		100.0	-----		-----	-----		
Developmentally Disabled	No				100.0	-----		

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	2.0	145	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Skilled Care	2	100.0	377	48	96.0	124	0	0.0	0	31	100.0	168	0	0.0	0	0	0.0	0	81	97.6
Intermediate	---	---	---	1	2.0	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		50	100.0		0	0.0		31	100.0		0	0.0		0	0.0		83	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.2	Bathing	0.0	75.9	24.1	83
Private Home/With Home Health	0.0	Dressing	12.0	54.2	33.7	83
Other Nursing Homes	4.3	Transferring	31.3	39.8	28.9	83
Acute Care Hospitals	56.5	Toilet Use	28.9	36.1	34.9	83
Psych. Hosp.-MR/DD Facilities	0.0	Eating	61.4	19.3	19.3	83
Rehabilitation Hospitals	0.0	*****				
Other Locations	37.0	Continence		%	Special Treatments	%
Total Number of Admissions	46	Indwelling Or External Catheter	4.8		Receiving Respiratory Care	12.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	72.3		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	12.8	Occ/Freq. Incontinent of Bowel	38.6		Receiving Suctioning	0.0
Private Home/With Home Health	12.8				Receiving Ostomy Care	1.2
Other Nursing Homes	4.3	Mobility			Receiving Tube Feeding	1.2
Acute Care Hospitals	10.6	Physically Restrained	0.0		Receiving Mechanically Altered Diets	55.4
Psych. Hosp.-MR/DD Facilities	0.0				*****	
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	8.5	Skin Care			Have Advance Directives	92.8
Deaths	51.1	With Pressure Sores	16.9		Medications	
Total Number of Discharges		With Rashes	0.0		Receiving Psychoactive Drugs	71.1
(Including Deaths)	47				*****	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.6	92.7	1.05	89.0	1.10	90.5	1.08	88.8	1.10
Current Residents from In-County	89.2	84.6	1.05	81.8	1.09	82.4	1.08	77.4	1.15
Admissions from In-County, Still Residing	47.8	20.5	2.33	19.0	2.51	20.0	2.39	19.4	2.46
Admissions/Average Daily Census	56.1	153.0	0.37	161.4	0.35	156.2	0.36	146.5	0.38
Discharges/Average Daily Census	57.3	153.6	0.37	163.4	0.35	158.4	0.36	148.0	0.39
Discharges To Private Residence/Average Daily Census	14.6	74.7	0.20	78.6	0.19	72.4	0.20	66.9	0.22
Residents Receiving Skilled Care	98.8	96.9	1.02	95.5	1.03	94.7	1.04	89.9	1.10
Residents Aged 65 and Older	98.8	96.0	1.03	93.7	1.05	91.8	1.08	87.9	1.12
Title 19 (Medicaid) Funded Residents	60.2	54.6	1.10	60.6	0.99	62.7	0.96	66.1	0.91
Private Pay Funded Residents	37.3	32.6	1.14	26.1	1.43	23.3	1.61	20.6	1.82
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	60.2	37.4	1.61	34.4	1.75	37.3	1.62	33.6	1.79
General Medical Service Residents	8.4	20.2	0.42	22.5	0.37	20.4	0.41	21.1	0.40
Impaired ADL (Mean)	51.1	50.1	1.02	48.3	1.06	48.8	1.05	49.4	1.03
Psychological Problems	71.1	58.4	1.22	60.5	1.17	59.4	1.20	57.7	1.23
Nursing Care Required (Mean)	10.8	7.0	1.56	6.8	1.59	6.9	1.57	7.4	1.46